#### PATENT APPLICATION

# UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q64839

Pascal AGIN

Appln. No.: 09/878,269

Group Art Unit: 2661

Confirmation No.: 2987

Examiner: Bob A. PHUNKULH

Filed: June 12, 2001

For: M

METHOD OF CONTROLLING TRANSMISSION POWER IN A MOBILE RADIO

SYSTEM

## AMENDMENT UNDER 37 C.F.R. § 1.111

## MAIL STOP AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated December 8, 2004, please amend the aboveidentified application as follows on the accompanying pages.

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2000

Q64839

(Column 1) (Column 2)					mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		25				F	RATE	FEE		RATE	FEE	
FC	R NUMBER FILE		FILED	NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS 2 Sminu			nus 20=			5	 (\$ 9=		OR	X\$18=	90	
INDEPENDENT CLAIMS   minus 3 =				. 0			X40=			X80=	10	
ML	MULTIPLE DEPENDENT CLAIM PRESENT					Ľ	A4U=	7	OR	. X80≡		
							L	135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	T	OTAL		OR	TOTAL	800
CLAIMS AS AMENDED - PART II							SMALL ENTITY			<b>O</b> B	OTHER THAN SMALL ENTITY	
AMENDMENT A		(Column 1) CLAIMS		(Colu	mn 2) IEST	(Column 3)		MALL	ADDI-	OR I	SMALL	ADDI-
		REMAINING AFTER AMENDMENT			BER OUSLY FOR	PRESENT EXTRA	RAT	RATE	TIONAL FEE		RATE	TIONAL
	Total	·25	Minus	-20	5	=	<b>)</b> >	<b>(\$ 9=</b>		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	···	3	= 4	7	(40=		OR	ಎಠ್ X <del>80</del> =	800
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=	
							ADE	TOTAL DIT. FEE	*	OR	TOTAL ADDIT, FEE	800
	(Column 1) (Column 2) (Column 3)									•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	•	Minus	**		=	×	\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=		(40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM	$\mathbf{w}^{\Box}$		405			070	
		Kest A	Mailo	DIA	CO	۲)	L	135= TOTAL		OR	+270=	·
Best Available Copy							ADD	IT. FEE		OR	ADDIT. FEE	
	12	(Column 1) CLAIMS		(Colu	mn 2)	(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus ·	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	•••		=	T <sub>x</sub>	40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT. FEE												
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											